

Business Professional and Occupational License Questionnaire/Worksheet

1. Trade Name of Business: _____
2. Corporate/Partnership/LLC Name Registered with the State Corporation
Commission: _____
3. Business Location: _____ Phone Number: _____
4. Number of Persons Employed at this Location: _____ Fax Number: _____
5. E-mail: _____
6. Name of Person responsible for filing the enclosed BPOL application _____
Date of Birth: _____ Title: _____ Phone Number: _____
7. 2012 Actual Gross Receipts: \$ _____
8. Are there any Deductions from the gross receipts other than what is listed
below? \$ _____ (provide backup).
9. Virginia State Sales Tax Deduction amount: \$ _____ Excise Tax deduction: \$ _____
10. Meals Tax Deduction: \$ _____
11. Gross receipts on which Business License taxes were paid to another jurisdiction (if included in #8
above): \$ _____ (provide backup).
12. Gross Receipts Subject to Town Taxes: \$ _____
13. Are you making any changes from your enclosed pre-printed application?: _____ if yes, please make
changes on the pre-printed form.
14. Home Address (for Individual Businesses) If different from Business Location: _____

Phone # _____
15. Name, Title and Phone Number of person who filled out this Questionnaire/Worksheet:
Name: _____ Title: _____ Phone # _____